## F 65 R TC65011

## IDAHO PARTNERSHIP RETURN OF INCOME 2001

•	Check the box if this is an amended return.										
	See instructions, page 3 for the reasons										
•_	for amending and enter the number.	For calendar year 2001, or fiscal ye	ear	Mo beginning	Day	Year <b>01</b>	ending	Мо	Di	ay 	Year
Busin	ess name		F	ederal employer iden	tification nur	nber					- 1.4
			•	ı						•	F M
Busin	ess mailing address			o you need Idaho ii		forms		Yes	_		No
			m	nailed to you next ye	ear?			103			140
City, S	State and Zip Code										
1.	Did the partnership name change? If yes, en	nter the previous name						Yes			No
2.	2. Enter the latest year for which a federal audit has been completed										
3.	Is this a final return?							Yes	-		No
	If yes, check the proper box below and enter	the date the event occurred									
	Withdrawn from Idaho Disso										
4.	Is this an electrical or telephone utility?							Yes	-		No
5.								Yes		$\Box$	No
	6. a. Enter the amount of Idaho investment tax credit earned this tax year.										
٥.		<u>-</u>									
7	b. Enter the amount of recapture of Idaho investment tax credit for this tax year   Enter the amount of credit for qualifying new employees earned this tax year										
	B. a. Enter the amount of credit for Idaho research activities earned this tax year.										
ο.		er the amount of broadband equipment investment credit earned this tax year.									
				-							
INIC	c. Enter the amount of incentive investment t	ax credit earned this tax year	••••				· <del>•</del> —				
	<b>COME</b> Ordinary income (loss) from trade or busines	ss activities. Form 1065, page 1					9				
	Net income (loss) from rental real estate activities. Form 1065, Schedule K					_	10				
11.					_	11					
12.	Portfolio income (loss). Form 1065, Schedule K				<b>-</b> 1	12					
	3. Other income (loss). Form 1065, Schedule K				<b>-</b> 1	13					
14.	Deductions. Form 1065, Schedule K				<b>-</b> 1	14					
	Net distributable income. Add lines 9 throug	h 13, and subtract line 14.				1	15				
	DITIONS  Interest and dividends not taxable under Inte	ornal Payanua Cada				_	16				
17.	Interest and dividends not taxable under Internal Revenue Code				-	16 17					
	State, municipal and local taxes measured by het income					18					
						ľ					
19.	Add lines 15 through 18.					1	19				
SU	BTRACTIONS						·				
20.	Interest from Idaho municipal securities		•	20							
21.	3		ł	21							
22.	9 1 1		ł	22							
	Allocated income. Attach a schedule		ı	23							
24.				24			n=				
<b>2</b> 5.	Total Idaho subtractions. Add lines 20 through	gn 24		•••••			25				
20	Not business in some subject to a moutiness.	ant Culatract line 25 from line 10	^								

27.	27. Net business income subject to apportionment. Enter the amount from line 26							
28. Partnerships with all activity in Idaho enter 100%. Multistate/multinational partnerships complete and								
attach Form 42. Enter the apportionment factor from line 21, Part I, Form 42.							<b>2</b> 8	%
	9. Net business income apportioned to Idaho. Multiply line 27 by the percent on line 28							
	Income allocated to Idaho. See instructions.							
31.	Idaho	compensation of individual partners not repor	ted to Idaho				<b>3</b> 1	
32.	Partn	nership income reported to Idaho on the partner	rs' income tax retur	ns			<b>3</b> 2	
		o taxable income. Add lines 29 through 31, and	d subtract line 32.				<b>3</b> 3	
		MPUTATION						
		income tax. Multiply line 33 by 7.6%.					<b>3</b> 4	
CRE	EDIT	S						
35.	Cred	it for contributions to educational entities			35			
		stment tax credit. Attach Form 49			36		_	
37.	Credi	it for contributions to youth and rehabilitation fa	cilities		37			
38.	Credi	it for production equipment using post-consum	er waste		38			
39.	Natu	ral resources conservation credit			39			
		noter-sponsored event credit			40			
41.	Cred	it for qualifying new employees. Attach Form 5	5		41			
42.	Credi	it for Idaho research activities. Attach Form 67.			42			
43.	Broad	dband equipment investment credit. Attach Fo	rm 68		43			
44.	Incer	ntive investment tax. Attach Form 69			44			
45.	Total	credits. Add lines 35 through 44					45	
		ű						
46.	Subtr	ract line 45 from line 34. If line 45 is greater tha	n line 34, enter zei	ro.			46	
ОТІ	HER	TAXES						
47	Perm	nanent building fund tax. See instructions					<b>4</b> 7	7
		s tax due. Attach Form 75					48	3
		rom recapture of Idaho investment tax credit. A					<b>4</b> 9	
	rax ii	Todapiare or radire invocations tax oreals.					70	,
50	Total	tax. Add lines 46 through 49.					<b>5</b> 0	
		NTS and OTHER CREDITS						
		nated tax payments					<b>5</b> 1	
52. Special fuels tax refund Gasoline tax refund Attach Form 75.							52	
	•	payments and other credits. Add line 51 and li			<del></del>			
		ED RETURN ONLY Skip lines 54 through 56 if					53	1
							<b>5</b> 4	
54. Tax paid with or after the filing of the original return								
		•	ii, oi as latel aujust	.eu			<b>5</b> 5	
56. Add line 53 and line 54 and subtract line 55.							56	8
Original returns: If line 50 is more than line 53, GO TO LINE 57. If line 50 is less than line 53, GO TO LINE 60. Amended returns: If line 50 is more than line 56, GO TO LINE 57. If line 50 is less than line 56, GO TO LINE 60.								
REI	FUNI	D or PAYMENT DUE						
57. Tax Due. If an original return, subtract line 53 from line 50. If an amended return, subtract line 56 from line 50.							<b>5</b> 7	,
58. Penalty • Interest from due date • Enter total.							58	3
59. TOTAL DUE. Add lines 57 and 58.						<b>5</b> 9		
60. Overpayment. If an original return, subtract line 50 from line 53.  If an amended return, subtract line 50 from line 56								
61. REFUND. Amount of line 60 you want refunded to you								
62. ESTIMATED TAX. Amount you want credited to your 2002 estimated tax. Subtract line 61 from line 60.							<b>6</b> 2	
Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.								
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.								
		Signature of officer	Date		er's signature	·	_	parer's EIN, SSN, or PTIN
SI	GN	-		-			-	
HE	ERE	Title	Phone number	Address and	phone number			